Thirsk Sowerby and District Community Care Association

# Thirsk Community Care Association

**Inspection report**

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The inspection was carried out on 25 June 2015. We gave the provider 48 hours' notice of the inspection in order to ensure the people we needed to speak with were available. Thirsk Community Care Association is a charity based in Thirsk which operates a number of community projects one of which is a specialist carer support service, using volunteers. This service provides a sitting service to support people in their own homes, so that family or friend carers can take a break from their caring role. Volunteers only provide support to people they have been matched and introduced to. For a small number of people volunteers are required to provide some personal care such assisting with food and drink. As such the service is registered to provide personal care and provides services to both adults and children.

# Summary of findings

At our last inspection on 30 September 2013 the provider was meeting the regulations that were assessed.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us volunteers were matched and introduced to people carefully. They told us this gave them confidence in the volunteers and helped them feel safe.

The agency carried out risk assessments so that risks to people could be minimised whilst still supporting people to remain independent. There were systems in place for recording incidents and accidents and there were systems in place to support volunteers should an emergency occur.

There was a recruitment system in place so staff and volunteers underwent the necessary checks before they were approved. Staff and volunteers completed induction training before they started supporting people who used the service. Where people and children had complex needs specialist training was provided in order that people could be supported safely. Training provided included safeguarding adults and children and essential health and safety training such as moving and handling and infection control.

We found that people's needs had been identified before support commenced and they told us they had been fully involved in creating and updating their care records. The information included in care records identified people's individual needs and preferences, as well as any risks associated with their care and the environment they lived in.

People told us they were introduced to their volunteers before they provided any care or support and the agency tried to match people with volunteers they felt would suit them. People we spoke with praised the volunteers who supported them and raised no concerns about how their support was delivered. People told us that their views and wishes were considered and that they were involved in discussions regarding their care needs.

The agency had a complaints procedure which was made available to people. No complaints had been received. People told us they would have confidence in the agency to address any concerns raised.

Volunteers told us managers of the agency were approachable and the felt supported by them. They told us their role was made easier because managers were organised and efficient.

People told us that their views were sought. There were quality monitoring systems in place to seek people's views. The overall feedback we received about the management of the service was very positive.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people. Adult and children's safeguarding training had been completed by all volunteers and staff. Additional information was available for people who used the service about the agency's responsibility in reporting suspicions of abuse.

Staff and volunteers underwent the necessary checks before they provided support and new staff and volunteers received a structured induction and essential training.

The agency held polices and procedures with regard to supporting people to take their medication. There were few instances when this was required but where it was volunteers received training to ensure medicines were given safely.

**Is the service effective?**

Good

The service was effective.

Before using the service the agency met with the person and completed an assessment of the person's needs and requirements. This information was used to assist in matching the volunteer so that they had a common interest or had the most appropriate skills and knowledge.

Staff had completed Mental Capacity Act training however; this was not extended to volunteers. The principles of the act did form part of volunteer induction in terms of supporting people who used the service to make decisions and give their consent to the support they received.

Staff and volunteers had completed an induction to prepare them for supporting people who used the service. This included essential training to help them meet people's needs. They had also received on-going training and support sessions.

Where volunteers were required to support people with meals and drinks training was provided specific to the individual person who used the service.

**Is the service caring?**

Good

The service was caring.

People told us staff and volunteers treated them with kindness and courtesy.

People told us staff and volunteers were respectful and treated people with dignity.

People were involved in making decisions about the support they received.

**Is the service responsive?**

Good

The service was responsive.

The support people received was reviewed regularly and updated where necessary.

Volunteers were matched to people giving consideration to age, gender and personal interests and experiences.

# Summary of findings

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

**Is the service well-led?**

Good

The service was well-led.

Staff and volunteers were clear about their roles and responsibilities and the lines of accountability across the agency.

Systems and processes were in place to monitor the service and drive forward improvements.

The overall feedback from people who used the service, volunteers and staff was very positive about how the agency was managed.

# Thirsk Community Care Association

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Thirsk Community Care Association was carried out on 25 June 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff would be available to speak with us.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and spoke with the local authority contracts and safeguarding teams. We spoke with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

The inspection was carried out by one inspector. Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for and received a list of names of people who received a personal care service so that we could contact them and seek their views.

During our visit to the agency we spoke with the provider, the registered manager, agency carer's support co-ordinators for children and adults, three volunteers and five people who were supported by the agency. We reviewed the records for five people who used the service and recruitment and training files for two members of staff and three volunteers. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff/volunteer handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

# Is the service safe?

## Our findings

We spoke to people who used the service. One person said “if we didn’t have confidence in the volunteer and feel our daughter was safe we wouldn’t leave her in their care.” Another person told us “This has been a god send, I trust my volunteer implicitly.”

The registered manager explained that volunteers were recruited via adverts placed with a collaborative made up of local volunteer charity organisations, posters and local adverts. All volunteers completed an application form and attended for interview. Two references were obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new volunteers and staff starting to support people. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. This process helped to make sure that volunteers were suitable to work with children and vulnerable adults and helped to protect the people who used the service.

The coordinators told us that prior to volunteers supporting people an assessment was completed which included identifying any risks. Where risks were identified risk assessment were completed. We saw these in the records we looked at, for example we saw a risk assessment for a person at risk of falls with clear guidance and action to take in the event of a fall. We also saw risk assessments in relation to the environment volunteers were supporting people in. For example where the access to a property had particularly steep steps. We saw in people’s care records risk assessments relating to individual areas of risk. We also saw that copies of the Local Authority's risk assessments were available in people's records together with a health care protocol and emergency telephone numbers for volunteers to follow. This was kept in the person's home. This meant volunteers had access to this information so that they knew what to do in an emergency.

The agency had polices and procedures in place for the protection of vulnerable adults and children. All volunteers had completed adult and children’s safeguarding training and additional information was provided in volunteer handbooks. Carer’s of adults and children also received information about the agency’s responsibilities for reporting any suspicions of abuse. Although no incidents had been reported the registered manager, coordinators and volunteers we spoke with were able to describe their understanding of what constituted abuse and the procedure they would follow if they witnessed or suspected abuse had taken place.

The agency had a policy for supporting people to take their medication, however we were told this would be a rare occurrence as responsibility for this lay with the family/ friend carers. We were told it was more likely to be required where volunteers supported children; particularly in emergency circumstances; for example administering emergency medicines for epilepsy. In these circumstances the volunteers involved completed specialist training to administer this medication. We saw an example of this in one child’s care risk assessments.

There were polices and procedure available for any accidents or incidents although none had been recorded.

Family and friends carers provided any equipment needed to reduce the risk of infection and volunteers received guidance with regard to infection control during their induction training.

Good

# Is the service effective?

## Our findings

People we spoke with were very satisfied with the service they received One person said “It’s beneficial to me because I get a break and it’s a change of company for my husband.” Another person said “It’s a marvellous scheme, my wife’s face lights up when our volunteer arrives; they have a real bond.”

The scheme is funded by the local authority and referrals mainly came from social services, particularly requests for volunteers for children using the service. Self-referral was also available and the registered manager said sometimes referrals came via district nursing services.

Following a referral the coordinator arranged a home visit to talk about the individual’s needs and the details about the support needed or available. Volunteers were then carefully matched taking account of gender and personal interests. Introductory visits were then made before the volunteer provided the sitting service. We were told introductions usually took longer with children as their needs tended to be more complex and building a trusting familiar relationship was preferable before parents felt confident in leaving their child on their own with a volunteer.

The coordinator then maintained regular contact with both volunteers and people using the service to ensure the match of volunteer was going well.

Prior to volunteers supporting people they completed volunteer induction which included statutory health and safety training with regard to safeguarding adults, moving and handling and basic first aid. Induction also included the role of the volunteer and relationship boundaries and confidentiality; loneliness and isolation and dementia awareness. One volunteer said “the induction was excellent, not only did it give me an opportunity to meet other volunteers but we were given scenarios to discuss and how we might deal with situations. It made you think and was very helpful.”

Additional training was provided to specific volunteers for specific needs of people they were supporting. For example autism awareness.

The registered manager and coordinators kept in regular contact with volunteers to discuss how the support they were providing was going. Volunteers told us if they had any concerns they felt able to contact the coordinators to discuss and talk through any issues.

The registered manager and coordinators were able to demonstrate an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as lacking capacity so are not able to make their own decisions. However, this was not included formally during volunteer induction other than as part of safeguarding training. The agency had yet to be involved in supporting a person who lacked capacity but felt confident they would be able to identify any issues and direct them to partner agencies for consultation.

Volunteers were provided with training where they were needed to assist people with meals and drinks. For example one person needed support with a PEG feed so this training was provided and competency checked to ensure the volunteer was able to complete the PEG feed safely.

Good

# Is the service caring?

## Our findings

People who used the service told us they were happy with the support they received. One person told us the relationship the volunteer had developed with their relative was wonderful; they said “they have a real bond and lots in common which is an added bonus.” Another relative said “They really enjoy each other’s company. The volunteer is so patient and kind.”

People were supported by one volunteer or sometimes a team of two depending on the individual’s needs. The volunteers we spoke with showed a good knowledge of the people they supported, their care needs and their wishes. They told us how care and support was tailored to each person’s individual needs. For instance, one volunteer told us “I feel as if I really make a real difference not only for the relative to have a break but in the relationship with the person. At first she didn’t respond but now when I arrive she smiles and recognises me.” Another person said “They really enjoy each other’s company; they have so much in common.”

We were given examples of how volunteers had been matched with people who used the service who had the same interests. They told us they spent time with people and their relatives before they were left on their own. Volunteers said this really helped them to get to know people and to understand what was important to them and how they wished to be treated. This was seen as an important element of building relationships based on trust and friendship.

We saw from care records that they included personalised information such as ‘what was important, likes and dislikes and best ways to support.’ We could see that people had been involved in the development and review of their files.

We asked volunteers and coordinators about privacy and dignity. They told us privacy, dignity and confidentiality were included in the induction programme and that this formed an integral part of the organisation’s training programme. We saw volunteers had signed a confidentiality agreement form prior to providing support to people.

The provider was aware of how to contact local advocacy services should a person who used the service require this support.

Good

# Is the service responsive?

## Our findings

We looked at the care records for three adults and two children. The care records for adults included information gathered at the first meeting between the agency and person requesting the service. This information was used as a starting point to help the agency identify a suitable volunteer. Once a volunteer had been identified further visits were made together with them to gather more detailed information about the person's needs. The care records we saw were person centred and provided sufficient information about people's wishes and preferences, so that they were cared for in the way they had chosen. Following introductory visits the coordinator followed up with the volunteer and the carer to see how the visits had gone. There was another follow up call or visit six weeks later. Records of these calls/visits were kept on the person's computer care file.

For children the information was usually much more detailed and was led by the child's social worker. Again introductory visits were taken at a pace which met both parents and children's needs. Regular reviews were held to ensure the child's needs were being met and the volunteer and parents were happy with arrangements. Some of the children who used the service had quite complex health needs. Volunteers explained they received additional training specific to the child they were caring for. For example one child required a PEG feed and others had epilepsy so training had been provided in order that volunteers could respond appropriately to the onset of a seizure.

Volunteers told us they had emergency contact numbers for the registered manager and coordinator, including out of hours contact and were provided with family/ friends or parents details.

Carer's and parents were asked for feedback on the service they received via an annual survey and the results of these were published in the annual report. Comments recorded in the survey included "The service has helped us maintain our social networks as a couple which we were struggling to achieve before the sitting service." And "It gave me peace of mind and allowed me some time for myself."

The agency had a complaints policy and this was included in the information pack people received. The policy had clear procedures to follow with time scales for investigations to be completed. The agency had not received any complaints.

All of the people we spoke with knew how to make a complaint. No one we spoke with had made a formal complaint to the agency. None of the volunteers whom we spoke told us they had made a complaint over the previous year, all said they knew how to make a complaint and would so do if they felt it necessary. All indicated they would discuss concerns with the registered manager to resolve any difficulties should they arise. One volunteer said "I would always raise any issues and pass any information on to the office."

Good

# Is the service well-led?

## Our findings

The agency had a clear management structure and lines of accountability The paid staff team included a registered manager, two project coordinators; one for adults and one for children and an administrative assistant. People who used the service and volunteers we spoke with all knew the registered manager and coordinators and people confirmed they had regular contact with them either from a visit, phone call or email. People told us the manager and coordinators were approachable and helpful. One family member told us "(name) is so helpful; they even helped me to get in touch with other services."

Volunteers we spoke with said they felt very supported; one volunteer said "They are always available in the office and if I was worried about anything I know they would help." Volunteers told us they had the opportunity to meet up with other volunteers regularly and felt they could raise any issues. One person said "I find it really useful to meet up with other volunteers, especially when I first started doing this. I picked up lots of good tips and realised things I'd worried about I didn't need to." Another volunteer told us "I was a bit unsure at first but my confidence grew because I was so well supported. I receive regular phone calls from (name) to check my visits are going ok and there are no issues."

We were told along with regular follow up phone calls and visits satisfaction surveys were completed. Currently a survey was being completed by the cabinet office about the benefits to carers receiving a respite break through the volunteers sitting service. A request to complete the survey was made when the sitting service first started and then a further survey followed up two to three months later. The final results will be collated and analysed at the end of the 12 month period. In the meantime the agency had access to the surveys so they were able to monitor feedback and follow up any concerns. They confirmed there were no concerns raised so far.

We saw a system was in place to monitor how the service was operating. For example, recruitment and volunteer files included a checklist used to make sure all essential checks and processes had been followed when new staff and volunteers had started in their role. Other audits included reviewing and ensuring care records and information about people was accurate and up to date.

Paid employees received regular one to one supervision and completed an annual appraisal. We saw in these records included action plans to develop and improve the service. And identify any additional training. Paid employees held regular meetings to review referrals and operational issues, such as planning training and volunteer recruitment initiatives. This meant the agency reviewed itself operationally and had a clear vision for the future. An annual report was produced and presented at the Annual General Meeting. The report provided evaluation and reflection for the previous year and set out goals for the future.

The agency worked closely with other voluntary agencies in the area. They shared ideas, skills and knowledge. The agency also worked closely with statutory agencies such as social services particularly where the agency provided a service to children.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred any were recorded and these were reviewed each month this helped to minimise re-occurrence.